PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

						1)-273-2885					
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifier	form should be used correspondence includi- ted below or directed of stions.	for tran ng the herwise	Patent, advance of in Block 1, by (
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 26735 7590 01/17/2008						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
26735 QUARLES & 33 E. MAIN ST P.O BOX 2113		Flet Weifflicate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Soyfice with sufficient postage for first class mail in an envelop addressed to Me Mail Stop ISSUF FEE address above, or being facsimit ransmitted by the USPTO (571) 273-2885, on the date indicated below.									
MADISON, WI 53701-2113										(Depositor's name	
		M Sostales			4	(Signature)					
		4-14-08			08	(Date)					
APPLICATION NO.	FILING DATE	FILING DATE			TOR	R ATTO		RNEY DOCKET NO.	CONFI	CONFIRMATION NO.	
09/524,826	03/14/2000			Paul C. Tang	310265.90261				7757		
FITLE OF INVENTION	: ELECTRONIC MEDI	CAL R	ECORDS SYSTE	M WITH ACTIVE CL	.INIC	CAL GUIDELINE	s				
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSU	E FEE	E TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	YES	YES \$720		\$0		\$0		\$720		04/17/2008	
EXAMINER			ART UNIT	CLASS-SUBCLASS							
GLASS, RUSSELL S 3626				705-003000							
. Change of correspondence address or indication of "Fee Address" (37 TR 1:563). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. J Fee Address" indication (or "Fee Address" Indication form PTO/SB/123 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to listed, no name will be printed. 1							
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed in recordation as set often in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Epic Systems Corporation											
lease check the appropri	iate assignee category or	catego	ries (will not be pr	inted on the patent):		Individual 🛮 Co	rporatio	on or other private gr	oup entity	Governmen	
a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				ib. Payment of Fec(s): (Piense first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card, Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1 17055 (enclose an extra copy of this form).							
a. Applicant claims	tus (from status indicated s SMALL ENTITY statu	s. Sec :	37 CFR 1.27.	☐ b. Applicant is no							
OTE: The Issue Fee and sterest as shown by the r	d Publication Fee (if requeecords of the United Sta	ired) v ics Pate	rill not be accepted int and Trademark	from anyone other the Office.	an th	e applicant; a regis	stered at	tomey or agent; or ti	e assigne	e or other party ii	
Authorized Signature	Nî. Jun	al	Nr.	*		Date Apri					
Typed or printed name		asko:				Registration N					
his collection of informs n application. Confident abmitting the completed sis form and/or suggestion ox 1450, Alexandria, Vi lexandria, Virginia 233	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this bur irginia 22313-1450. DO 35-1450.	FR 1.3 U.S.C. USPTO den, sh NOT	11. The informatio 122 and 37 CFR D. Time will vary ould be sent to the SEND FEES OR C	n is required to obtain 1.14. This collection is depending upon the it chief Information Of COMPLETED FORMS	or re esti ndivi fficer S TO	tain a benefit by the mated to take 12 n dual case. Any col , U.S. Patent and THIS ADDRESS	ne publication pub	c which is to file (and to complete, includir on the amount of tis ark Office, U.S. Dep TO: Commissioner	I by the U g gathering ne you re artment of for Patent	ISPTO to process ng, preparing, and squire to complete f Commerce, P.O is, P.O. Box 1450	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.